

SCHEDULE II

Firm Name KEARNEY & ASSOCIATES, INC.BALANCE SHEET
As of January 31

| | 1998 | 1997 | 1996 | 1995 | 1994 | 1993 | 1992 |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| ASSETS: | | | | | | | |
| Cash | \$ 0 | \$ 7,001 | \$ 7,351 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Loans to Shareholders | | | | 8,630 | 9,630 | 9,630 | 15,522 |
| Other Current Assets | | | | | | 1,090 | 522 |
| Buildings & Other Deprec. Assets | 100,202 | 95,402 | 93,074 | 88,847 | 79,498 | 68,445 | 51,710 |
| Accum. Depreciation | (75,136) | (70,146) | (66,031) | (57,548) | (55,304) | (38,127) | (44,856) |
| Total Assets | 25,066 | 32,257 | 34,394 | \$ 39,929 | \$ 33,824 | \$ 41,038 | \$ 22,898 |
| LIABILITIES & SHAREHOLDER'S EQUITY: | | | | | | | |
| Mortgages - less than 1 year | \$ 0 | \$ 10,530 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Other current liabilities | 658 | 7,615 | 3,270 | 10,920 | 19,696 | 9,235 | 8,965 |
| Loans from Shareholders | 70,865 | 44,786 | 10,320 | | | | |
| Mortgages - more than 1 year | | | 16,385 | 20,804 | | 23,237 | |
| Capital Stock | 750 | 750 | 750 | 750 | 750 | 750 | 750 |
| Retained Earnings - Unappropriated | (47,207) | (31,424) | 3,669 | 7,455 | 13,378 | 7,816 | 13,183 |
| Total Liab. & S.E. Equity | \$ 25,066 | \$ 32,257 | \$ 34,394 | \$ 39,929 | \$ 33,824 | \$ 41,038 | \$ 22,898 |

03/26/2001 14:16

201-825-4873

JOSEPH LEVY CPA

PAGE 15

3286

03/25/2001 14:16 201-825-4873

JOSEPH LEVY CPA

PAGE 16

SCHEDULE III

Firm Name KENWOOD TECHNOLOGY GROUP, INC.STATEMENT OF INCOME & EXPENSES
FOR THE YEAR ENDED
December 31

| | 1999 | 1998 |
|---------------------------|-------------|------------|
| Sales | \$ 74,416 | \$ 20,131 |
| Less: Cost of Goods Sold | 88,404 | 14,993 |
| Gross Profit | (13,988) | 5,138 |
| Interest Income | | |
| Other Income (Loss) | | |
| Total Income | (13,988) | 5,138 |
| Less expenses: | | |
| Compensation of Officers | 2,500 | |
| Salaries & Wages | 2,000 | 5,000 |
| Repairs & Maintenance | | |
| Bad Debts | | |
| Rents | 5,430 | |
| Taxes | 190 | 1,920 |
| Interest | | |
| Contributions | | |
| Amortization | | |
| Depreciation | 950 | |
| Depletion | | |
| Advertising | | |
| Pension, profit-sharing | | |
| Employee benefit programs | | |
| Other deductions | | 1,538 |
| Insurance | 856 | |
| Telephone | 866 | |
| Heat, fuel, power | 496 | |
| Professional Fees | 3,267 | |
| Meals & Entertainment | | |
| Supplies - software | 2,213 | |
| Office | 1,276 | |
| Automobile | 6,059 | |
| Bank Fees | 443 | |
| Exhibition Fee | 3,212 | |
| Travel | 1,358 | |
| All Other | | |
| Total Expenses | 31,116 | 8,458 |
| Net Income (Loss) | \$ (45,104) | \$ (3,320) |

3297

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JOSEPH LEVY CPA

PAGE 17

SCHEDULE IV

Kenwood Technology Group, Inc.
Balance Sheet
As of December 31

| | 1999 | 1998 |
|---|-----------------|-----------------|
| ASSETS: | | |
| Cash | \$ (807) | \$ 2,729 |
| Depreciable Assets | 1,899 | 1,893 |
| Total Assets | \$ 1,092 | \$ 4,622 |
| LIABILITIES & SHAREHOLDER'S EQUITY: | | |
| Other Current Liabilities | \$ 1,135 | \$ 757 |
| Loan from Shareholder | 47,881 | 6,685 |
| Capital Stock | 500 | 500 |
| Retained Earnings | (48,424) | (3,320) |
| Total Liabilities & Shareholder's Equity | \$ 1,092 | \$ 4,622 |

3298



JOSEPH R. LEVY

Forensic Accounting Services to the Insurance Industry

A DIVISION OF SHALIK, MORRIS & COMPANY, LLP

Certified Public Accountants

February 1, 2001

Christopher L. Kearney

Redacted

Our File: L8539
Disab. Mgmt File: #493029
D/D: 1993

Dear Mr. Kearney:

I received your letter dated January 22, 2001. I apologize if the release forms I referred to in my January 12, 2001 letter were not enclosed in the envelope as intended. Perhaps this was a clerical oversight. I have enclosed these forms in this correspondence and once again request that you execute them and mail them back to us as soon as possible. I have also enclosed a self-addressed stamped envelope for your convenience. Please note that the I.R.S. requires that you furnish two forms of identification bearing your signature.

In regard to our record request, we have since received certain records that were not in our possession prior to January 12, 2001. The following is a list of the records that remain outstanding.

1. Personal income tax returns (Form 1040) including all W-2 forms, 1099 forms and accompanying schedules for the years 1988-1992, 1994 and 2000 (when it is prepared). We also need your W-2 forms for 1993, 1995 and 2000.
2. Business tax returns for all businesses owned or operated by you for the years 1998-1991 and 2000 (when it is prepared).
3. Monthly financial statements (if they are prepared in the normal course of doing business)
4. General ledgers or accountants worksheets summarizing monthly transactions of all business.

SHALIK, MORRIS & CO., LLP • 7001 BRUSH HOLLOW ROAD • WESTBURY, NY 11590

Phone: 516.338.8700 Fax: 516.338.5592

3311

Christopher Kearney
February 1, 2001
Page 2

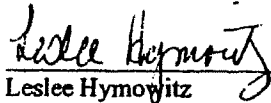
5. Books of original entry of all businesses, including:
 - a. Cash receipts journals
 - b. Cash disbursements journals
 - c. Sales or billings journals
6. Sales invoices and contracts which could be used to substantiate the sales of all business in the period from January 1, 1988 up through the present time.
7. If complete sales records are not available, please furnish the name address and telephone number of each customer or client for all businesses in the period from January 1, 1988 up through the present time.
8. Monthly bank statements and canceled checks for all bank accounts that reflect business income and expense transactions as well as information showing the source of all funds deposited into the accounts. If you commingle your business and personal funds, then this could include accounts that might otherwise be identified as "personal" bank accounts.
9. All payroll records for the years 1998-2000 and for periods in the year 2001, including quarterly payroll tax returns required to be filed with the Internal Revenue Service (Form 941) and the State of Ohio.
10. The executed release forms we've enclosed.

In regard to your inquiry about my gender & credentials , I am a female and I am the Manager of Forensic Accounting.

You may reach me by calling (516) 338-8700.

Very truly yours,

Shalik, Morris & Company, LLP


Leslee Hymowitz

cc: Bob Mills – Disability Management Services



JOSEPH R. LEVY

Forensic Accounting Services to the Insurance Industry

A DIVISION OF SHALIK, MORRIS & COMPANY, LLP

Certified Public Accountants

**INSTRUCTIONS FOR EXECUTION OF FORM 4506
(Personal Income Tax Returns)**

In connection with our examination of your lost earnings claim, you are being asked to execute a release form so that we can obtain copies of your personal tax returns (Form 1040) directly from the Internal Revenue Service.

Please sign and date Form 4506 where indicated and be sure that your Social Security number is correct.

The Internal Revenue Service routinely requires photocopies of two forms of identification bearing your signature (i.e., Social Security card, driver's license, passport, etc.). Please send copies of this information to us with the executed release form.

We will be responsible for the cost of having your tax returns reproduced.

SHALIK, MORRIS & CO., LLP • 7001 BRUSH HOLLOW ROAD • WESTBURY, NY 11590

Phone: 516.338.8700 Fax: 516.338.5592

3323



JOSEPH R. LEVY

Forensic Accounting Services to the Insurance Industry

A DIVISION OF SHALIK, MORRIS & COMPANY, LLP

Certified Public Accountants

January 12, 2001

Mr. Christopher Kearney

Redacted

Our File: #L8539

Disab. Mgmt. File: #H493029

D/D: 1993

Dear Mr. Kearney:

We have been retained by Disability Management Services to review your disability income claim as a result of a disability, which began in 1993.

We would like to do an inspection of the books and records in connection with this loss. The records we would need to see are listed below.

1. Personal income tax returns (Form 1040), including all W-2 forms, 1099 forms and accompanying schedules for the years 1988-1999 and 2000 (when it is prepared). The 2000 W-2 forms and 1099 forms should become available on or about January 31, 2001 and should be provided to us at that time.
2. In order to verify your reported earnings, we have prepared release forms which will permit us to obtain copies of your 1993-1999 personal income tax returns directly from the Internal Revenue Service as well as an earnings history for the years 1988-1999 from the Social Security Administration. Please execute the forms where indicated, furnish photocopies of two forms of identification bearing your signature (required by the I.R.S.) and mail everything back to us as soon as possible.
3. Business tax returns (Schedule C for sole proprietorship, Form 1120 for corporation or Form 1065 for partnership) for all businesses owned or operated by you for the years 1988-1999 and 2000 (when it is prepared).
4. Monthly financial statements (if they are prepared in the normal course of doing business).
5. General ledgers or accountant's worksheets summarizing monthly transactions for all businesses.



SHALIK, MORRIS & CO., LLP • 7001 BRUSH HOLLOW ROAD • WESTBURY, NY 11591

Phone: 516.338.8700 Fax: 516.338.5592

3328

Christopher Kearney
January 12, 2001
Page 2

6. Books of original entry of all businesses, including:
 - a. Cash receipts journals
 - b. Cash disbursements journals
 - c. Sales or billings journals
7. Sales invoices and contracts which could be used to substantiate the sales of all business in the period from January 1, 1988 up through the present time.
8. If complete sales records are not available, please furnish the name address and telephone number of each customer or client for all businesses in the period from January 1, 1988 up through the present time.
9. Monthly bank statements and canceled checks for all bank accounts that reflect business income and expense transactions as well as information showing the source of all funds deposited into the accounts. If you commingle your business and personal funds, then this could include accounts that might otherwise be identified as "personal" bank accounts.
10. All payroll records for the years 1998-2000 and for periods in the year 2001, including quarterly payroll tax returns required to be filed with the Internal Revenue Service (Form 941) and the State of Ohio.
11. Any other records that could be used to substantiate your disability income claim as well as the income and expenses of the businesses.

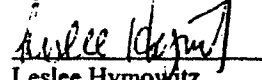
Unless otherwise specified, the records listed above should be for all businesses owned or operated by you and should cover the period from January 1, 1988 up through the most recent period available in the year 2001.

Some of the records listed above may be in the possession of your accountant. It is important that all books and records listed above be made available in order for us to complete our review of the lost earnings claim. If we are not provided with access to all of the records requested, this will delay the completion of our examination until all of the information is furnished. Therefore, it is important that you consult with your accountant to make sure that all of the records itemized above are available for us to review.

Christopher Kearney
January 12, 2001
Page 3

We will arrange to inspect the records at the most convenient location (usually the accountant's office or the office of the company). I will be coordinating the scheduling of an appointment in connection with this claim. I would appreciate it if you would call me so that I can confirm a definite appointment for the week of January 22, 2001. Additionally, I would like to make sure that all of the books and records necessary for the inspection will be available at that time. If you want me to contact the accountant directly, please furnish me with the name and telephone number of that individual. You may reach me by calling (516) 338-8700.

Very truly yours,
SHALIK, MORRIS & COMPANY, LLP


Leslee Hymowitz

LH/jn
Copy to Bob Mills – Disability Management Services

3330



NWI Investigative Group, Inc.

500 W. Cummings Park, Suite 4100
Woburn, MA 01801-6515
(781) 935-7770
FAX (781) 932-1177
1-800-253-5990

January 12, 2001

Mr. Bob Mills
Disability Management Services
1350 Main Street
17th Floor
Springfield MA 01103

RE: CLAIMANT: Christopher Kearney
FILE #: H493029 & H538069
INSURED: self

Dear Bob:

Please find enclosed the results of our investigation on Christopher Kearney. If you have any questions or concerns, please do not hesitate to call us at 1-800-253-5990.

We thank you for assigning this case to us. We look forward to hearing from you again soon. NWI is committed to servicing our customers 7 Days a week, 24 hours a day. Think of NWI for ALL your investigative needs.

Thanks again!

THE NWI TEAM

3331

EXCELLENCE THROUGH PERFORMANCE

11 High Street
Mechanic Falls, ME 04256

1087 Elm Street, P.O. Box 810
Manchester, NH 03105

415 Woodbury Road
Plainview, NY 11803

131 Clay Street
Central Falls, RI 02863

380 Union Street, Suite 229
West Springfield, MA 01089

FROM :

FAX NO. :

Jul. 06 2000 04:30AM P1

FAX MESSAGE

Date: Tuesday, January 09, 2001

To: Disability Management Services, Inc.
Robert Mills
Phone: 800-883-0596
Fax: 413-747-1545

From: Christopher L. Kearney
Phone: 330-264-4216
Fax: Same as Above- Automatically Switches For Faxes

Pages: 15

Mr. Mills:

I have received your fax letter to me of 1-5-01. Concerning the four items you listed as outstanding:

- 1) Following, I submit a copy of my 1998 Personal Income Tax Return #1040.
- 2) I will provide you with 2000 Personal and Business Tax Returns when available. My accountant does not prepare monthly P&L Statements for Kenwood Technology Group, Inc.
- 3) You have my permission to obtain medical records from Dr. Judd-McClure. It is up to you to provide authorization for payment to Dr. Judd-McClure for these records. Mr. Mills, you are responsible for creating delays in obtaining these records. Additionally, you told me several times in our telephone conversation of Monday, 10-30-00 that you would send the name, address, phone number and credentials of the psychiatrist at DMS who would be reviewing these medical files. Your previous correspondence had Dr. Judd and myself believing that those records were going to be reviewed by PMSI somewhere else. You have not followed up on your promise to forward the name of your psychiatrist and I wonder why.
- 4) Despite your contention that you have explained the need for a new, overly broad release form signed by me, you have continually avoided any response in writing or on the phone which address my specific written concerns of privacy issues. You told me on the phone on 10-30-00 that you can understand my privacy concerns.

Sincerely,


Christopher Kearney

Christopher L. Kearney

Redacted

3332

NWI INVESTIGATIVE GROUP, INC.
NWI CASE 38225 DISABILITY
Page 1

INVESTIGATION RESULTS

Claimant: Christopher Kearney
Insured: self
Type of Claim: DISABILITY
D.O.I: 2/9/1993
Injury: depression
Your file#: H493029 & H538069
Address Given: Redacted 11

Date Opened 1/4/2001

Date Completed 1/15/2001

ASSIGNMENT SYNOPSIS:

1. Conduct an unannounced visit at Claimant's business contact to obtain answers to given questions.
2. Physical contact okay? N/A
3. Phone contact okay? N/A
4. Neighborhood canvassing okay? N/A

NWI INVESTIGATIVE GROUP, INC.
NWI CASE 38225 DISABILITY
Page 2

OBSERVATIONS

On Thursday, January 11, 2001, Investigator met with Claimant's former business contact, Veronica Siemiatkaska. Ms. Siemiatkaska answered questions concerning Claimant's work with ACME Monaco Corporation. Investigator was informed that Claimant has not worked for ACME Monaco for at least 8 years and left the company under a mutual agreement.

3334

NWI INVESTIGATIVE GROUP, INC.
NWI CASE 38225 DISABILITY
Page 3

PRELIMINARY INVESTIGATION

LICENSE

LIC: Not Listed
Lic. Status: Not Listed
Class: NL Type: Not Listed
Height: Not Listed
DOB: 11/09/1952
Exp. Date: Not Listed

Name: Christopher Kearney
YOB: Redacted
SSN:
Issued in: Not Listed

VEHICLE

Reg: Not Listed
Make/Model/Yr: Not Listed
Color: Not Listed
Ins. Co: Not Listed
Exp. Date: Not Listed

KNOWN ADDRESS

Dates:
Address: Redacted
City/State/Zip:

Neighbors Telephone/Address:

Name: Address: Telephone:
No Listings

NWI INVESTIGATIVE GROUP, INC.
NWI CASE 38225 DISABILITY
Page 4

INVESTIGATION DETAIL

DATE:
Thursday
January 11, 2001
2:00 p.m.

Investigator arrived at 75 Winchell Road in New Britain, CT. Investigator asked to speak with Claimant's business contact, Veronica Siemiatkaska. Investigator then spoke with Ms. Siemiatkaska in her office with Ed, the Vice President of the company. Investigator confirmed that Claimant had worked with ACME Monaco as a Sales Representative in the Midwest section of the USA. When Claimant worked for ACME Monaco, Claimant would visit the Northeast only once a year. The product that ACME Monaco produces are machine parts. Claimant has not worked for ACME Monaco for at least 8 years and the end of the relationship was mutual. Claimant's sales had not increased over the previous years work. Ms. Siemiatkaska was unable to provide any documents about Claimant and stated she had recently just cleared out a filing cabinet with information about Claimant. Investigator found Ms. Siemiatkaska to be honest and open about Claimant's relationship with ACME Monaco.

At 2:30 p.m., Investigator stopped talking with Ms. Siemiatkaska and departed from the area.

SD/JC:CR
WEST

NOTE: ALL ORIGINAL VIDEOTAPES WILL BE SAVED FOR 3 YEARS.

PDC IME NetworkSM
IME Schedule for Christopher Kearney
Disability Management Services, Inc. Claim #H493029

| Second Writer | | Lead Writer | |
|-------------------------|--|-------------------------|---|
| John Kenny, Ph.D. | | Otto Kausch, M.D. | |
| Mailing Address: | Parkway Medical Bldg. South 3619 Park East Drive Suite 313 Beachwood, OH 44122-4312 | Mailing Address: | 9543 Greystone Parkway Brecksville, OH 44141 |
| Phone: | (440) 646-1771 | Phone: | (440) 526-3030 Ext. 6881 |
| Assistant: | | Assistant: | |
| Fax: | (440) 646-1705 | Fax: | (440) 546-2705 |
| Rate: | \$300 / hr. | Rate: | \$240 / hr. |
| Estimated Cost: | 10 – 15 hours | Estimated Cost: | 8 – 10 hours |

| Appointment Details | | Appointment Details | |
|--|--|--|---|
| Date: | Saturday, Feb. 17, 2001 Saturday, Feb. 24, 2001 | Date: | Thursday, March 8, 2001 |
| Time: | 12:00pm – 5:00pm both days | Time: | 5:00pm – 7:00pm |
| Exam Location: | Same as above | Exam Location: | VA Hospital 10000 Brecksville Road Building 2, 3 rd floor, B Side Brecksville, OH 44141 |
| Cancellation Policy: | 48 hours notice otherwise 1 hour charge. | Cancellation Policy: | 24 hours notice otherwise bill half hourly rate for time spent on case. |
| Date Report Due: | Seven days after the last IME activity. | Date Report Due: | Seven days after the last IME activity. |
| Special Instructions: *Please notify PDC if the total cost of the evaluation will exceed the estimate or if there are any changes to the appointment set-up. | | Special Instructions: *Please notify PDC if the total cost of the evaluation will exceed the estimate or if there are any changes to the appointment set-up. | |

Robert Mills

From: Mark Benander, Ph.D.
Sent: Monday, January 08, 2001 1:14 PM
To: Robert Mills
Subject: Kearney, Christopher JP H00493029

Bob -

I have reviewed this file at your request; you have asked me to make recommendations regarding the use of an IME. I recommend that the IME consist of two parts, an evaluation by a psychiatrist as well as an evaluation by a neuropsychologist including a full battery of neuropsychological testing. This combination might best provide you with diagnostic and treatment information as well as objective measurements of ability to function.

Of course, Meenu and I would be available to assist in arranging the IME. We also would be able to assist with creating questions to help the IME providers focus their evaluation on issues noted to be outstanding from the file review.

Please let us know how you would like to proceed. Thanks.

3348

Disability Management Services, Inc.

1350 Main St., Springfield, MA 01109
Phone (800) 883-0596, Fax (413) 747-1545

Medical Resources Referral Form

Completed form is forwarded to Program Assistant - please print clearly.

Referral Source: Bob Mills Ext: 1076 Date of Referral: 1/9/01
DMS Location: Springfield Date Needed: ASAPPlease check all that apply: ☒ IME ☐ Expert Record Review ☐ FCE

Specialty

- ☐ Neurosurgeon ☐ Neurologist ☐ Cardiologist ☐ Physical Therapist
☐ Physical Medicine & Rehabilitation (Physiatrist) ☐ Orthopedist / Orthopedic Surgeon
☐ Occupational Medicine Physician ☐ Rheumatologist
☐ Internal Medicine ☐ CFS Expert ☐ HIV Expert
☒ Other Psychiatrist + Neuropsychologist ☐ I would like to discuss the case before selecting

To include a full battery of neuropsychological testing

Case Details

Name of Insured: Christopher Kearney
 City/State/Zip: Redacted
 Phone Number: (330) 1264-4216
 Claim/ Case # and Client Company: Jefferson Pilot Policy # 5H493029 + 4538069
 Date of Birth: 11/9/52
 SS#: Redacted
 Reported Impairments and or Diagnoses: Major Depression with Paranoid ideation
 Occupation: Business Owner - Salesman
 Date of Disability: 2/9/93

Present/Past Treatment Providers

(Include physical therapists, etc.)

| Name | Specialty |
|----------------------------------|---------------------|
| 1. <u>DR. Donna Judd-McClure</u> | <u>Psychiatrist</u> |
| 2. <u>DR. Ambrose Perduk</u> | <u>Chiropractor</u> |
| 3. <u>DR. Brett Ferree</u> | |
| 4. <u>DR. Martin Lehenbauer</u> | |
| 5. _____ | |

Previous IME Providers and specialty (if known):

Attorney representing insured:

N/AN/A

3350

Amount of Records (# of inches):

2 1/3 inches

Brief summary of case to help in locating the appropriate expert:

Claimant owned his business called Kearney Associates which sold and delivered component parts. He was a manufacturer's representative. Claimant alleges that his condition restricted his ability to travel and work on a full time basis. The claimant's investigation suggest claimant may have lost customers for reasons other than medical. Claimant continued to operate Kearney Assoc. between 1993-1997. He started a new company called Kenwood Technology Corp in 1998. He continues to allege that he can't work in his former position and his loss of income is due to this.

DISABILITY MANAGEMENT SERVICES, INC.
1350 MAIN STREET, SPRINGFIELD, MASS. 01103-1628
TEL: (413) 747-0990 FAX: (413) 747-1545

FACSIMILE TRANSMITTAL SHEET

| | |
|---------------------|-------------------------------------|
| TO: | FROM: |
| Meenu Gupta | Bob Mills |
| COMPANY: | DATE: |
| | January 9, 2001 |
| FAX NUMBER: | TOTAL NO. OF PAGES INCLUDING COVER: |
| 508-993-3139 | 2 |
| PHONE NUMBER: | SENDER'S REFERENCE NUMBER: |
| | Jefferson Pilot |
| RE: | YOUR REFERENCE NUMBER: |
| Christopher Kearney | |

Confidential

The documents accompanying this telecopy transmission contain information from Disability Management Services, Inc. which is confidential. The information is intended only for the use of the individual and/or entity named on this transmission sheet. Any copying, disclosure or dissemination of the information, or the taking of any action in reliance upon the contents of the information, is strictly prohibited. If you have received this telecopy in error, please notify us immediately so that we can arrange for the return of the documents at no cost to you. Thank you.

Comments:

Please deliver promptly. Thank you.

3352



**CS CLAIMS
GROUP INC.**

401 Huehl Road, #1-E
Northbrook, IL 60062
Phone (847) 559-0670
Fax (847) 559-0672

January 3, 2001

Bob Mills
DISABILITY MANAGEMENT SERVICES, INC.
1350 MAIN STREET
SPRINGFIELD, MA 01103-1619

RE: Christopher Kearney
Policy/Claim: 493029/H538069(JP)

Dear Mr. Mills:

We would like to thank you for your recent request for additional investigation. The case has been assigned to one of our regional investigators. You can expect to receive an initial report in the very near future.

C. S. Claims Group, Inc.





NWI Investigative Group, Inc.

500 W. Cummings Park, Suite 4100
Woburn, MA 01801-6515
(781) 935-7770
FAX (781) 932-1177
1-800-253-5990

1/4/2001

Mr. Bob Mills
Disability Management Services
1350 Main Street
17th Floor
Springfield, MA 01103

RE: ASSIGNMENT ACKNOWLEDGMENT

Dear Bob:

Thank you for assigning this case to us. Listed below is pertinent information for your file.

Your File No: H493029 & H538069
Insured: self
Claimant: Christopher Kearney

NWI File No: 38225

Date Assigned to NWI: 1/4/2001

Assignment:

1. Conduct an unannounced visit at Claimant's business contact to obtain answers to given questions.

Hours: 4.00 \$

Invoice to: MILLS BOB

Is physical contact okay: N/A
Is phone contact okay: N/A
Neighborhood canvassing: N/A

PLEASE READ THIS CAREFULLY TO ENSURE WE ARE IN FULL COMPLIANCE WITH YOUR INSTRUCTIONS. IF NOT, PLEASE CALL US IMMEDIATELY.

EXCELLENCE THROUGH PERFORMANCE

11 High Street
Mechanic Falls, ME 04256

1087 Elm Street, P.O. Box 810
Manchester, NH 03105

415 Woodbury Road
Plainville, NY 11803

131 Clay Street
Central Falls, RI 02863

380 Union Street, Suite 229
West Springfield, MA 01089

2-16-2000 4:53PM

FROM

P. 2



JOSEPH R. LEVY
CERTIFIED PUBLIC ACCOUNTANT

775 W. Crescent Avenue • P.O. Box 77 • Allendale, NJ 07401
Phone: 201.825.9290 Fax: 201.825.4873

Request for Investigation

INSURANCE COMPANY INFORMATION:

Company Disability Management Services
Address 1350 Main St.
City/State/ZIP Spfld., MA 01103
Requested by Bob Mills
Telephone 800-883-0596 x. 1076
Fax 413-747-1545

Date 1/3/01
CLAIM NO. Jefferson Pilot Pol # 11493029
Assured #538069
Address _____
City/State/ZIP _____
Sickness claim: depression
Date of Loss: _____
Type of Injury _____

SUBJECT:

Name Christopher Kearney
Redacted
Address _____
Redacted
City/State/ZIP _____
Occupation SALES
Telephone 330-264-4216

Date of Birth Redacted
Social Security # Redacted
Name & Address of Subject's Attorney _____
Telephone _____

TYPE OF INVESTIGATION:

Financial

- ☒ Loss of Earnings
☐ Business Interruption Loss
☐ Property Loss
☐ Fire Loss
☐ Burglary Loss
☐ Fidelity Loss
☐ Special (describe in "Remarks" below)

For No-Fault Claims: Maximum lost wage benefits allowed under claimant's policy \$ _____

REMARKS:

Provide all relevant information and instructions.

Claimant Alleges that his condition prohibits him from traveling and working on a full-time basis. The claims investigation suggest that the claimant's loss of income may have been attributed to the loss of his major customers / contracts, rather than due to his medical condition. Claimant continued to work in his former company, Kearney Associates, on a lesser degree from 1993 thru 1997. He started up a new co. called Kenwood Technology Group in 1997 or 1998
Check if you wish a telephone call before commencing investigation.
MAIL TO: P.O. BOX 77 • ALLENDALE, NJ 07401
He continues to allege that his loss of income is because of his inability to work in the capacity of his former job.

3364

DISABILITY MANAGEMENT SERVICES, INC.
1350 MAIN STREET, SPRINGFIELD, MASS. 01103-1628
TEL: (413) 747-0990 FAX: (413) 747-1545

FACSIMILE TRANSMITTAL SHEET

| | | | |
|---------------|----------------------------|-------------------------------------|------------------------|
| TO: | Craig Knepp | FROM: | Bob Mills |
| COMPANY: | CS Claims Group | DATE: | January 3, 2001 |
| FAX NUMBER: | 847-559-0672 | TOTAL NO. OF PAGES INCLUDING COVER: | 4 |
| PHONE NUMBER: | 847-559-0670 | SENDER'S REFERENCE NUMBER: | |
| RE: | Christopher Kearney | YOUR REFERENCE NUMBER: | |

Confidential

The documents accompanying this telecopy transmission contain information from Disability Management Services, Inc. which is confidential. The information is intended only for the use of the individual and/or entity named on this transmission sheet. Any copying, disclosure or dissemination of the information, or the taking of any action in reliance upon the contents of the information, is strictly prohibited. If you have received this telecopy in error, please notify us immediately so that we can arrange for the return of the documents at no cost to you. Thank you.

Comments:

Please deliver promptly. Thank you.

3366

| | | | |
|--|--------------|--|---------------------|
| Company Acme-Morisco Corp. Contact Veronika Samalukuska Phone 800-224-1340 All Phone Car Phone Pager | Ext. Ext. | Address 1 Address 2 Address 3 City New Britain State CT Groups US | ZIP Code 06052 |
| | | | |
| | | | |
| | | | |
| Company ATP, Inc. Contact Joe Herman Phone 724-327-8074 All Phone Car Phone | Ext. Ext. | Address 1 Address 2 Address 3 City Cranberry Twp. State PA | ZIP Code 16066 |
| | | | |
| | | | |
| | | | |
| Company Automatic Parts, Inc. Contact Dave Wilmer Phone 419-524-5941 All Phone Car Phone | Ext. Ext. | Address 1 Address 2 Address 3 City Mansfield State OH | ZIP Code 44803-7008 |
| | | | |
| | | | |
| | | | |
| Company CAMCO Contact Norm Goldman Phone 847-458-5200 All Phone Car Phone | Ext. Ext. | Address 1 Address 2 Address 3 City Wheeling State IL | ZIP Code 60090 |
| | | | |
| | | | |
| | | | |
| Company Dellac, Inc. Contact Chris Dugle Phone 513-732-0800 All Phone Car Phone | Ext. Ext. | Address 1 Address 2 Address 3 City Batavia State OH | ZIP Code 45103 |
| | | | |
| | | | |
| | | | |
| Company Harvey Vogel Mfg. Contact Tracy Dougherty Phone 861-739-7373 All Phone Car Phone | Ext. Ext. | Address 1 Address 2 Address 3 City Woodbury State MN | ZIP Code 56125 |
| | | | |
| | | | |
| | | | |
| Company PFI Precision Machining Contact Tom Janek Phone 937-845-3563 All Phone Car Phone | Ext. Ext. | Address 1 Address 2 Address 3 City New Carlisle State OH | ZIP Code 45344 |
| | | | |
| | | | |
| | | | |
| Company Polo Plastics Contact Karla Clem Phone 785-273-3900 All Phone Car Phone | Ext. Ext. | Address 1 Address 2 Address 3 City Topeka State KS | ZIP Code 66606 |
| | | | |
| | | | |
| | | | |
| Company Precision Custom Products, Inc. Contact Greg Best All Phone Car Phone | Ext. | Address 1 Address 2 City Degraff State OH | ZIP Code 43316 |
| | | | |
| | | | |
| | | | |

1. Have you ever conducted business with Mr. Christopher Kearney of Kearney Associates or Kenwood Technology Group, Inc. ?
2. Did Mr. Kearney ever personally meet with you? How frequently?
3. During the course of your business dealings with Mr. Kearney, did he conduct business discussions with you over the telephone or did he meet personally with you?
4. What services/products were sold/offered to you or by Kearney Associates?
5. Do you still conduct business with Mr. Kearney through Kenwood Technology Group? If so, please explain in detail whether your business dealings with him have changed between working with Mr. Kearney at Kearney Associates vs. Kenwood Technology?
6. Please advise us of the years that you conducted business with Kearney Associates?
7. Please explain why you ceased doing business with Kearney Associates?
8. Please provide us with any copies of contracts that you had to do business with Kearney Associates.

6/16/02

11:00 AM

1. Current diagnosis - Major Depression
2. Sad, poor self esteem, harassment and threats by the insurance company have not ceased. (Please see attached letter of 7/7/2001) This has been a continuing factor in the severe depression and anxiety experienced by the patient.
3. Dates seen 6/12/02 & 6/16/02

D. Judd McClure, MD

No form sent to client this month

Internal Revenue Service
Cincinnati Submission Processing Center
P.O. Box 145500 Stop 2801A
Cincinnati, OH 45250-5500

Refer Reply To: 1765632360

Date: JUNE 4, 2001

Customer Name: INFORMATION INC.

Customer ID #: 31-1476258

Tax Year: 1995, 1996, 1997

Form(s): 1120

Phone: (859) 292-3585 (NOT A TOLL-FREE CALL)
Hours: 7:30am - 4:00pm EST

A(✓) We received your request dated 4-7-01, for a copy of the tax return(s), W-2's or verification of nonfiling.

B(✓) We are enclosing the photocopy as you requested for the year(s) 1995, 1996, 1997

C() We are sorry, but we cannot provide photocopies of your tax return(s) and/or W-2's for the year(s) _____. We searched our files using the information you gave us on form 4506 and found no records of tax returns being filed.

D() We are sorry, but we cannot send you the photocopy(s) you asked for. We only keep tax returns for a limited number of years and form _____ has been destroyed for tax year(s) _____.

E() The limited tax account information and/or transcript of Account information for tax years _____ is enclosed.

F() We are sending the enclosed tax return(s) and/or W-2 information directly to you, as we do not have proper authorization to send to the agency or institution designated on your request. We apologize for any inconvenience this may have caused you.

G() The information concerning the above mentioned taxpayer has been sent directly to the taxpayer, as we did not have proper authorization to send it to you.

H() A refund for your payment of \$ _____ will be sent in four to six weeks.

OVER PLEASE

Form **4506**

(Rev. May 1997)

Department of the Treasury
Internal Revenue Service**Request for Copy or Transcript of Tax Form**

▶ Read instructions before completing this form.

OMB No. 1545-0429

▶ Type or print clearly. Request may be rejected if the form is incomplete or illegible.

Note: Do not use this form to get tax account information. Instead, see instructions below.

| | | | |
|--|--|---|--|
| 1a Name shown on tax form. If a joint return, enter the name shown first. INNOVATION INC. - FORMERLY KEARNEY MAGNETICS + ENG. | | 1b First social security number on tax form or employer identification number (see instructions) 31-1476258 | |
| 2a If a joint return, spouse's name shown on tax form | | 2b Second social security number on tax form | |
| 3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code OUT OF BUSINESS | | | |
| 4 Address, (including apt., room, or suite no.), city, state, and ZIP code shown on the last return filed if different from line 3 11126 LUSCHER DR. CINCINNATI, OH 45241 | | | |
| 5 If copy of form or a tax return transcript is to be mailed to someone else, enter the third party's name and address CHRISTOPHER KEARNEY Redacted Redacted | | | |
| 6 If we cannot find a record of your tax form and you want the payment refunded to the third party, check here <input checked="" type="checkbox"/> | | | |
| 7 If name in third party's records differs from line 1a above, enter that name here (see instructions) ▶ | | | |
| 8 Check only one box to show what you want. There is no charge for items 8a, b, and c: a <input type="checkbox"/> Tax return transcript of Form 1040 series filed during the current calendar year and the 3 prior calendar years (see instructions). b <input type="checkbox"/> Verification of nonfiling. c <input type="checkbox"/> Form(s) W-2 information (see instructions). d <input checked="" type="checkbox"/> Copy of tax form and all attachments (including Form(s) W-2, schedules, or other forms). The charge is \$23 for each period requested. Note: If these copies must be certified for court or administrative proceedings, see instructions and check here <input type="checkbox"/> | | | |
| 9 If this request is to meet a requirement of one of the following, check all boxes that apply. <input type="checkbox"/> Small Business Administration <input type="checkbox"/> Department of Education <input type="checkbox"/> Department of Veterans Affairs <input type="checkbox"/> Financial institution | | | |
| 10 Tax form number (Form 1040, 1040A, 941, etc.) 1120 | | 12 Complete only if line 8d is checked. Amount due: a Cost for each period \$ 23.00 b Number of tax periods requested on line 11 3 c Total cost. Multiply line 12a by line 12b. \$ 69.00 Full payment must accompany your request. Make check or money order payable to "Internal Revenue Service." | |
| 11 Tax period(s) (year or period ended date). If more than four, see instructions. 1995 1996 1997 1998 | | | |

Caution: Before signing, make sure all items are complete and the form is dated.

I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. I am aware that based upon this form, the IRS will release the tax information requested to any party shown on line 5. The IRS has no control over what that party does with the information.

| | | | |
|-------------|---|---------------------|--|
| Please Sign | Signature: Christopher L. Kearney See instructions. If other than taxpayer, attach authorization document. | Date: 4-9-01 | Telephone number of requester (330) 264-4216 |
| | Title: President Title (if line 1a above is a corporation, partnership, estate, or trust) | | Best time to call 7-9 AM |
| | TRY A TAX RETURN TRANSCRIPT (see line 8a instructions) get a copy of a tax form or W-2 on. To avoid any delay, be sure to call the information asked for on Form 099.—If you need a copy of a Form contact the payer. If the payer cannot, call or visit the IRS to get Form information. ount information.—If you need a bit of your tax account showing any changes that you or the IRS made to the return, request tax account information. Tax account information lists | | |

- ✓ Track Your Expenses...
- | | | |
|--|--|---|
| <input type="checkbox"/> Mortgage / Rent | <input type="checkbox"/> Transportation | <input type="checkbox"/> Entertainment & Travel |
| <input type="checkbox"/> Gas / Electric | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Medical / Dental |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Taxes | <input type="checkbox"/> Dependent Care |
| <input type="checkbox"/> Food | <input type="checkbox"/> Insurance (Life, Home, Auto) | <input type="checkbox"/> Savings & Investment |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Home Improvement (Maintenance, Repairs) | <input type="checkbox"/> Other |

DO NOT USE
FOR REORDERINGTAX DEDUCTIBLE ITEM ☐

142

THIS PAYMENT

BALANCE

OTHER

BAL. FORD

- Here's How:
- Carry balance forward
 - Check type of expense
 - Add details on memo line
 - Retain duplicate in Before-Certified

Memo

(Continued on back)

| | | | | | | | | | | | | | | | | | | |
|--|--|---|--|---|---|---|--------------------------------------|---|------------------------------------|--------------------------------|---|-------------------------------|---|---|-----------------------------------|--|--------------------------------------|---|
| <p>✓ Track Your Expenses...</p> <table border="0"> <tr> <td><input type="checkbox"/> Mortgage / Rent</td> <td><input type="checkbox"/> Transportation</td> <td><input type="checkbox"/> Entertainment & Travel</td> </tr> <tr> <td><input type="checkbox"/> Gas / Electric</td> <td><input type="checkbox"/> Credit Card</td> <td><input type="checkbox"/> Medical / Dental</td> </tr> <tr> <td><input type="checkbox"/> Telephone</td> <td><input type="checkbox"/> Taxes</td> <td><input type="checkbox"/> Dependent Care</td> </tr> <tr> <td><input type="checkbox"/> Food</td> <td><input type="checkbox"/> Insurance (Life, Home, Auto)</td> <td><input type="checkbox"/> Savings & Investment</td> </tr> <tr> <td><input type="checkbox"/> Clothing</td> <td><input type="checkbox"/> Home Improvement (Maintenance, Repairs)</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> | | | <input type="checkbox"/> Mortgage / Rent | <input type="checkbox"/> Transportation | <input type="checkbox"/> Entertainment & Travel | <input type="checkbox"/> Gas / Electric | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Medical / Dental | <input type="checkbox"/> Telephone | <input type="checkbox"/> Taxes | <input type="checkbox"/> Dependent Care | <input type="checkbox"/> Food | <input type="checkbox"/> Insurance (Life, Home, Auto) | <input type="checkbox"/> Savings & Investment | <input type="checkbox"/> Clothing | <input type="checkbox"/> Home Improvement (Maintenance, Repairs) | <input type="checkbox"/> Other _____ | <p>TAX DEDUCTIBLE ITEM <input type="checkbox"/></p> <p>DO NOT USE FOR REORDERING</p> <p>142</p> |
| <input type="checkbox"/> Mortgage / Rent | <input type="checkbox"/> Transportation | <input type="checkbox"/> Entertainment & Travel | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Gas / Electric | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Medical / Dental | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Taxes | <input type="checkbox"/> Dependent Care | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Food | <input type="checkbox"/> Insurance (Life, Home, Auto) | <input type="checkbox"/> Savings & Investment | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Home Improvement (Maintenance, Repairs) | <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | | | |
| <p><i>International Airfare Service</i></p> <p><i>1000 7266 2253</i></p> | | | <p>BAL. FWD</p> | | | | | | | | | | | | | | | |
| <p>THIS PAYMENT</p> | | | <p><i>1000</i></p> | | | | | | | | | | | | | | | |
| <p>BALANCE</p> | | | <p></p> | | | | | | | | | | | | | | | |
| <p>OTHER</p> | | | <p></p> | | | | | | | | | | | | | | | |
| <p>BAL. FWD</p> | | | <p></p> | | | | | | | | | | | | | | | |
| <p>... Here's How:</p> <ul style="list-style-type: none"> • Carry balance forward • Check type of expense • Add details on memo line • Retain duplicates in Deluxe Checkbook | | | | | | | | | | | | | | | | | | |
| <p>Memo <i>1000 7266 2253</i></p> | | | <p>NOT NEGOTIABLE</p> | | | | | | | | | | | | | | | |

| | | |
|---|---|-------------------|
| Form 4506 (Rev. May 1997) Department of the Treasury Internal Revenue Service | Request for Copy or Transcript of Tax Form ▶ Read instructions before completing this form. ▶ Type or print clearly. Request may be rejected if the form is incomplete or illegible. | OMB No. 1545-0429 |
|---|---|-------------------|

Note: Do not use this form to get tax account information. Instead, see instructions below.

| | |
|---|---|
| 1a Name shown on tax form. If a joint return, enter the name shown first. CHRISTOPHER KEARNEY | 1b First social security number on tax form or employer identification number (see instructions) Redacted |
| 2a If a joint return, spouse's name shown on tax form | 2b Second social security number on tax form |

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code
 Redacted

4 Address, (including apt., room, or suite no.), city, state, and ZIP code shown on the last return filed if different from line 3
 Redacted

5 If copy of form or a tax return transcript is to be mailed to someone else, enter the third party's name and address

SHALIK, MORRIS & CO. LLP 7001 BRUSH HOLLOW RD. WESTBURY, NY 11590 (file L8539)

6 If we cannot find a record of your tax form and you want the payment refunded to the third party, check here ☒

7 If name in third party's records differs from line 1a above, enter that name here (see instructions) ▶

8 Check only one box to show what you want. There is no charge for items 8a, b, and c:

- a ☐ Tax return transcript of Form 1040 series filed during the current calendar year and the 3 prior calendar years (see instructions).
- b ☐ Verification of nonfiling.
- c ☐ Form(s) W-2 information (see instructions).
- d ☒ Copy of tax form and all attachments (including Form(s) W-2, schedules, or other forms). The charge is \$23 for each period requested.

Note: If these copies must be certified for court or administrative proceedings, see instructions and check here ☐

9 If this request is to meet one of the following, check all boxes that apply.
☐ Small Business Administration ☐ Department of Education ☐ Department of Veterans Affairs ☐ Financial institution

| | |
|---|--|
| 10 Tax form number (Form 1040, 1040A, 941, etc.) 1040 | 12 Complete only if line 8d is checked. Amount due: a Cost for each period \$ 23.00 b Number of tax periods requested on line 11 ... 3 c Total cost. Multiply line 12a by line 12b \$ 69.00 Full payment must accompany your request. Make check or money order payable to "Internal Revenue Service." |
| 11 Tax period(s) (year or period ended date). If more than four, see instructions. 1997 1998 1999 | |

Caution: Before signing, make sure all items are complete and the form is dated.

I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. I am aware that based upon this form, the IRS will release the tax information requested to any party shown on line 5. The IRS has no control over what that party does with the information.

| | |
|---|---|
| Signature. See instructions. If other than taxpayer, attach authorization document. Christopher L. Kearney | Telephone number of requester 2-10-01 330-264-4216 |
| Title (if line 1a above is a corporation, partnership, estate, or trust) Spouse's signature | Best time to call TRY A TAX RETURN TRANSCRIPT (see line 8a instructions) |

Instructions

Section references are to the Internal Revenue Code.

TIP: If you had your tax form filled in by a paid preparer, check first to see if you can get a copy from the preparer. This may save you both time and money.

Purpose of Form. — Use Form 4506 to get a tax return transcript, verification that you did not file a Federal tax return, Form W-2 information, or a copy of a tax form.

Allow 6 weeks after you file a tax form before you request a copy of it or a transcript. For W-2 information,

wait 13 months after the end of the year in which the wages were earned. For example, wait until Feb. 1999 to request W-2 information for wages earned in 1997.

Do not use this form to request Forms 1099 or tax account information. See this page for details on how to get these items.

Note: Form 4506 must be received by the IRS within 60 calendar days after the date you signed and dated the request.

How Long Will It Take? — You can get a tax return transcript or verification of nonfiling within 7 to 10

workdays after the IRS receives your request. It can take up to 60 calendar days to get a copy of a tax form or W-2 information. To avoid any delay, be sure to furnish all the information asked for on Form 4506.

Forms 1099. — If you need a copy of a Form 1099, contact the payer. If the payer cannot help you, call or visit the IRS to get Form 1099 information.

Tax Account Information. — If you need a statement of your tax account showing any later changes that you or the IRS made to the original return, request tax account information. Tax account information lists

(Continued)

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

ISA

STF FED5057F.1

Form **4506** (Rev. 5-97)

| | | |
|---|--|-------------------|
| Form 4506 (Rev. May 1997) Department of the Treasury Internal Revenue Service | <h2 style="margin: 0;">Request for Copy or Transcript of Tax Form</h2> <p style="margin: 5px 0;">▶ Read instructions before completing this form.</p> <p style="margin: 5px 0;">▶ Type or print clearly. Request may be rejected if the form is incomplete or illegible.</p> | OMB No. 1545-0429 |
|---|--|-------------------|

Note: Do not use this form to get tax account information. Instead, see instructions below.

| | | | | | |
|--|--|------|------|------|------|
| 1a Name shown on tax form. If a joint return, enter the name shown first. CHRISTOPHER KEARNEY | 1b First social security number on tax form or employer identification number (see instructions) Redacted | | | | |
| 2a If a joint return, spouse's name shown on tax form X YOSHIKO KEARNEY | 2b Second social security number on tax form Redacted | | | | |
| 3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code Redacted | | | | | |
| 4 Address, (including apt., room, or suite no.), city, state, and ZIP code shown on the last return filed if different from line 3 Redacted | | | | | |
| 5 If copy of form or a tax return transcript is to be mailed to someone else, enter the third party's name and address SHALIK, MORRIS & CO. LLP 7001 BRUSH HOLLOW RD. WESTBURY, NY 11590 (file L8539) | | | | | |
| 6 If we cannot find a record of your tax form and you want the payment refunded to the third party, check here <input checked="" type="checkbox"/> | | | | | |
| 7 If name in third party's records differs from line 1a above, enter that name here (see instructions) ▶ | | | | | |
| 8 Check only one box to show what you want. There is no charge for items 8a, b, and c: a <input type="checkbox"/> Tax return transcript of Form 1040 series filed during the current calendar year and the 3 prior calendar years (see instructions). b <input type="checkbox"/> Verification of nonfiling. c <input type="checkbox"/> Form(s) W-2 information (see instructions). d <input checked="" type="checkbox"/> Copy of tax form and all attachments (including Form(s) W-2, schedules, or other forms). The charge is \$23 for each period requested. Note: If these copies must be certified for court or administrative proceedings, see instructions and check here <input type="checkbox"/> | | | | | |
| 9 If this request is to meet one of the following, check all boxes that apply. <input type="checkbox"/> Small Business Administration <input type="checkbox"/> Department of Education <input type="checkbox"/> Department of Veterans Affairs <input type="checkbox"/> Financial Institution | | | | | |
| 10 Tax form number (Form 1040, 1040A, 941, etc.) 1040 | 12 Complete only if line 8d is checked. Amount due: a Cost for each period \$ 23.00 b Number of tax periods requested on line 11 ... 4 c Total cost. Multiply line 12a by line 12b \$ 92.00 Full payment must accompany your request. Make check or money order payable to "Internal Revenue Service." | | | | |
| 11 Tax period(s) (year or period ended date). If more than four, see instructions. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%;">1993</td> <td style="border: 1px solid black; width: 25%;">1994</td> <td style="border: 1px solid black; width: 25%;">1995</td> <td style="border: 1px solid black; width: 25%;">1996</td> </tr> </table> | | 1993 | 1994 | 1995 | 1996 |
| 1993 | 1994 | 1995 | 1996 | | |

Caution: Before signing, make sure all items are complete and the form is dated.

I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. I am aware that based upon this form, the IRS will release the tax information requested to any party shown on line 5. The IRS has no control over what that party does with the information.

| | | |
|-------------------------|--|---|
| Please Sign Here | Signature: <u>Christopher L. Kearney</u> Title (if line 1a above is a corporation, partnership, estate, or trust): _____ Spouse's signature: _____ | Telephone number of requester: <u>2-10-01 330-264-4216</u> Best time to call: _____ TRY A TAX RETURN TRANSCRIPT (see line 8a instructions) |
|-------------------------|--|---|

Instructions

Section references are to the Internal Revenue Code.

TIP: If you had your tax form filled in by a paid preparer, check first to see if you can get a copy from the preparer. This may save you both time and money.

Purpose of Form. — Use Form 4506 to get a tax return transcript, verification that you did not file a Federal tax return, Form W-2 information, or a copy of a tax form.

Allow 6 weeks after you file a tax form before you request a copy of it or a transcript. For W-2 information,

wait 13 months after the end of the year in which the wages were earned. For example, wait until Feb. 1999 to request W-2 information for wages earned in 1997.

Do not use this form to request Forms 1099 or tax account information. See this page for details on how to get these items.

Note: Form 4506 must be received by the IRS within 60 calendar days after the date you signed and dated the request.

How Long Will It Take? — You can get a tax return transcript or verification of nonfiling within 7 to 10

workdays after the IRS receives your request. It can take up to 60 calendar days to get a copy of a tax form or W-2 information. To avoid any delay, be sure to furnish all the information asked for on Form 4506.

Forms 1099. — If you need a copy of a Form 1099, contact the payer. If the payer cannot help you, call or visit the IRS to get Form 1099 information.

Tax Account Information. — If you need a statement of your tax account showing any later changes that you or the IRS made to the original return, request tax account information. Tax account information lists

(Continued)

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

ISA

STF FED5057F.1

Form 4506 (Rev. 5-97)

REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

From whose record do you need the earnings information?

Your Reference Number

Enter the Name, Social Security number, and date of birth below.

Name CHRISTOPHER KEARNEYSocial Security
Number

Redacted

Other Name(s) Used
(Include Maiden Name)Date of Birth
(Mo/Day/Yr)

Redacted

What kind of information do you need?

- ☐ Total earnings for each year.
(This information is free.)

For the year(s):

1988-1999

- ☒ Detailed Earnings Information
(If you check this block, tell us below
why you need this information.)

For the period(s):

REVIEW OF DISABILITY CLAIM FOR DISABILITY MANAGEMENT SERVICESDo you owe us a fee for this detailed earnings information? ☒ Yes ☐ NoIf yes, enter the amount due from the Chart on page 2 A. \$ 38.50Do you want us to certify the information? ☐ Yes ☒ No

If yes, enter \$15.00 B. \$ _____

Add the amounts on lines A and B, and
enter the TOTAL amount C. \$ 38.50

- Send your check or money order for the amount on line C with the request.
- **DO NOT SEND CASH OR STAMPS.**
- Make check or money order payable to "Social Security Administration."

I am the individual to whom the record pertains (or a person who is authorized to sign on behalf of that individual). I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine of not more than \$5,000 or one year in prison.

SIGN your name here
(Do not print)Christopher Kearney

Date

2-10-01

Tell us where you want the information sent. (Please print)

(file L8539)

Name
Address

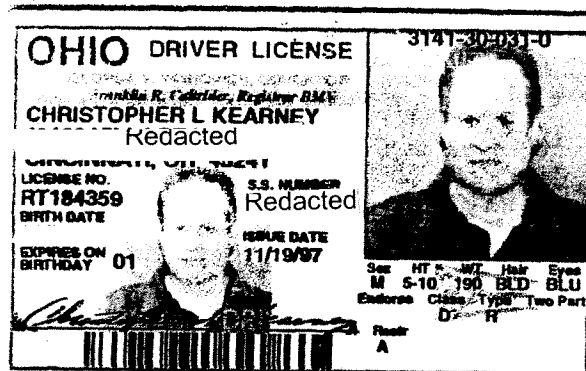
Shalik, Morris & Company, LLP
7001 Brush Hollow Road
Westbury, NY

Code

11590

6. Tear off completed form and mail to:

Social Security Administration
Office of Central Records Operations
300 North Greene Street
Baltimore, Maryland 21201



*Now they have
my driver's license &
passport & SS #s*

ROM:

FAX NO. :

Jun. 18 2003 11:56AM P2

Psychiatric Disability Consultants, Inc.

April 7, 1998

Christopher L. Kearney

Redacted

Dear Mr. Kearney:

Following is a reply to your letter dated 3/23/98. I received a copy of your letter on 3/31/98. As you are aware I work at Disability Management Services on Tuesdays and my schedule did not allow me to respond to you before today.

I am a Consultant for Disability Management Services. I work directly for Psychiatric Disability Consultants, Inc. They are a subsidiary of Disability Management Services.

I have a Masters Degree in Vocational Rehabilitation. I am also certified nationally as a Rehabilitation Consultant, CRC, and an Insurance Rehabilitation Consultant, CIRS. I have 14 years of experience in the disability insurance field and approximately 6 of these years working specifically with Insured's with psychiatric disabilities.

I don't now at this point if our meeting will lead to other meetings. As we discussed I will be submitting a report of our meeting to Todd Dittmar at Disability Management Services. In my fax to you of 3/25/98, I confirmed that I would provide you with a copy of this report. I will be meeting with you alone.

All information you provide to me, Disability Management Services, or Jefferson Pilot is confidential and is not released to other parties without your knowledge. The only exception to this would be a subpoena of you claim file.

ROML :

FAX NO. :

Jun. 18 2003 11:57AM P3

2

In regards to the questions and the nature of this meeting, we will discuss your current activities, which will include your business activities as well as your daily activities. I will need to discuss with you your current treatment plan and what symptoms you are experiencing that impact your ability to return to your occupation on a full-time basis. I will also be available to answer any questions that you might have in regards to your disability benefits with Jefferson Pilot. You will not need to bring any medical information with you. No urine tests, blood tests, blood pressure tests, etc. will be involved.


Our meeting has been scheduled up for April 25, 1998. It would work for me if you and I could meet at 10:00 AM for approximately 2 hours, then take a break and meet with Dr. Judd for approximately an hour from 1:00-2:00 PM. We will pay Dr. Judd's customary rate for the time we spend with her.

I have reserved a conference room at the Columbus Marriott, 6500 Doubletree Ave. The phone number there is 614-885-1885. Ask for me at the reception desk.

I would appreciate if you would confirm this appointment no later than 4/22/98, by 5:00 PM.

I look forward to meeting with you and Dr. Judd.

Sincerely,



Janet G. Beattie, MS, CRC, CIRS
Consultant

FROM :

FAX NO. :

May. 04 2004 01:07PM P6

Christopher L. Kearney
12168 Village Woods Dr.
Cincinnati, OH 45241

(513) 769-5446 HOME

Saturday, February 14, 1998

Janet G. Beattie, MS, CRC, CIRS
PDC, Inc.
PO Box 610434
Newton, MA 02161

Master in Voc Rehab

C Rehab Consultant

Certified Insurance Rehab Specialist

Ms. Beattie:

I received your fax message requesting I contact you to schedule an appointment to meet you.

I will meet with you, but I have some questions first. Could you please send me a letter answering the following questions?

Are you a consultant for Jefferson Pilot directly or are you a consultant for Disability Management Services who is in turn a consultant for JP? I need to know more about the companies who are investigating me before I talk about personal matters with a stranger.

What are your credentials? I am not familiar with the initials after your name. Are you a doctor of Psychiatry or Psychology? Is your meeting with me going to lead to meetings with others in your firm or are you the person who submits some kind of report to Jefferson-Pilot or Disability Management Services? Are you intending to meet with me alone or will others be with you?

Am I legally entitled to a copy of any or all reports you make about me?

What is the scope of questions involved? If I disclose matters of a very personal nature, will the details be disclosed to others, including Jefferson Pilot? Are there rules that you abide by for confidential matters? Should I be concerned that you may directly or inadvertently reveal confidential medical or psychiatric information about me to my business associates, customers, principals, or family and friends?

What is the length of time you want to meet with me? Will I need any medical information with me? Any urine tests involved, blood tests, blood pressure tests, etc.?

After you respond to me with a letter, I will call you to attempt to schedule a meeting. Please let me know the phone number and the best time to reach you.

Sincerely,

Christopher L. Kearney
Christopher L. Kearney

Psychiatrist

Message

617-332-0834

COPY
Letter sent by US Ma
2-14-98